MEDICAL CLEARANCE OF PSYCHIATRIC AND ADDICTIVE DISORDERS IN THE EMERGENCY DEPARTMENT

(Note: This guidance does not replace, change or relate to any of the EMTALA obligations)

Patients present at the Emergency Department (ED) for behavioral problems related to mental illness and/or substance abuse on a regular basis. In addition, patients present with behavioral emergencies that are a direct result of medical illness. The ED physician is faced with making a determination that the patient does not have an ongoing medical emergency or acute medical condition requiring inpatient hospital care and deciding on the appropriate course of treatment and/or referral to a psychiatric inpatient facility or alcohol and drug abuse treatment center (ADATC). At times, patients with psychiatric complaints are prematurely labeled as candidates for transfer to the psychiatric hospital or ADATC, before occult medical problems are ruled out. Similarly, psychiatric inpatient facilities and ADATCs occasionally create barriers for efficient, smooth transfer.

The NC State Psychiatric Facilities and ADATCs shall work in a collaborative manner with the community Emergency Departments to ensure that quality medical care and quality psychiatric care are provided to the citizens of North Carolina in a fluid manner. In this collaborative process, vigilance must be maintained regarding both the psychiatric needs and the medical needs of the patients as well as the capability to serve each in these two settings.

The NC State Psychiatric Facilities and ADATCs provide medical care for psychiatric and addicted patients with co-morbid chronic medical conditions. However, their capability is significantly more limited than that of a general hospital and they are not equipped to manage acute life-threatening medical problems. If there are questions regarding the ability of a facility to treat a specific medical condition, a direct physician to physician consultation is appropriate. Examples of medical conditions which may not be able to be safely and effectively managed at the NC State Psychiatric Facilities or ADATCs include (but are not limited to):

- medical conditions requiring transfusion
- recent head injury lacking work-up
- evolving CVA
- recent MI requiring telemetric monitoring
- evolving MI or unstable angina
- uncontrolled hypertensive crisis
- acute drug intoxication
- recent drug overdose resulting in medical instability
- acute fracture requiring surgical repair
- unexplained fever
- diabetic ketoacidosis
- condition requiring ventilator use
- NYHA Class III or IV heart failure
- unexplained elevated WBC
- severe dehydration
- hepatic encephalopathy
- acute renal failure
- unstable vital signs not related to history of a chronic condition
- acute infection in immuno-compromised patients
- delirium tremens

- BAC > 300*
- acute post-operative condition
- sickle cell crisis
- active contagious varicella infection
- frank GI bleeding
- children with unstable juvenile onset DM
- end stage liver disease
- third trimester of pregnancy**

*This BAC level is not an absolute. In fact, ADATCs may be equipped to handle patients with BAC levels approaching 400. Rather than using a specific BAC level as a cut off level, the BAC level should always be used in the context of the clinical situation to determine if the patient is stable enough for transfer. The patient's age and alcohol history (including level of tolerance) as well as the clinical presentation should all be taken into consideration. There will be variation between individual institutions depending on their resources and proximity to a higher level of care and direct communication between the referring physician and receiving physician is recommended.
** While most facilities are unable to accept these patients, the Walter B Jones ADATC does serve substance abusing patients in their third trimester of pregnancy. Dorothea Dix is often able to take pregnant patients as well. Again, physician to physician communication is advised.

Each of the NC State Psychiatric Facilities and ADATCs has different capabilities regarding the medical management of patients. Whether or not patients with psychiatric symptoms and the above co-morbid conditions can be managed in the NC State Psychiatric Facilities or ADATCs shall be dependent upon the severity of the patient's co-morbid medical condition and the individual capability of the NC State Psychiatric Facility/ADATC to which they are referred. It is up to the discretion of a state facility's Medical Director as to whether patients with the above co-morbid medical conditions can be accepted for evaluation.

The overall approach to the care of patients in the Emergency Department with psychiatric symptoms must be the same as that of patients presenting with medical symptoms. Patients with psychiatric symptoms should undergo a history (incorporating both psychiatric and medical components) and a targeted physical examination. The findings of the history and physical examination should guide subsequent laboratory testing. The combined result of the history, physical examination and resultant laboratory testing constitutes the "medical clearance" of the patient. Medical clearance reflects short term, but not necessarily long term medical stability within the context of a transfer. Medical clearance does not ensure the absence of ongoing medical issues which may require further assessment and treatment but rather signifies the following:

- No acute, emergent medical cause has been uncovered as the cause of the patient's psychiatric symptoms; and
- The patient is not experiencing a medical or surgical emergency; and
- The patient is medically stable for transfer
- The receiving facility has confirmed the availability of appropriate resources to monitor and treat what has been currently diagnosed

Physician to Physician Communication

Timely and direct communication between the transferring physician and the receiving physician may be indicated prior to transfer as it may help resolve concerns surrounding the appropriateness of transfer to one facility versus another, or the need for additional diagnostic testing, and any other clinical issues/disagreements.

Patients at Low Risk for Medical Conditions Causing Psychiatric Symptoms

Medical clearance beyond a targeted H&P and subsequent laboratory testing shall vary, depending upon the patient's clinical situation. Patients at low risk for serious medical conditions causing their psychiatric symptoms include those patients with:

- Known established psychiatric illness
- Age between 15 and 55 years
- No acute medical complaints
- No new psychiatric or physical symptoms
- No evidence of a pattern of substance abuse
- Normal H&P for their presenting complaint (specifically including normal vital signs, normal neurological exam (or at baseline as validated by family or other source), and normal memory and concentration)

Routine diagnostic screening for patients at low risk for serious medical conditions causing their psychiatric symptoms is not necessary. Patients at low risk for serious medical conditions causing their psychiatric symptoms should have diagnostic tests only as indicated by the H&P and clinical situation.

Patients at High Risk for Medical Conditions Causing Psychiatric Symptoms

Patients who do <u>not</u> qualify as low risk for serious medical conditions causing their psychiatric symptoms require additional evaluation beyond the targeted H&P and subsequent laboratory testing. Findings suggestive of an underlying medical basis for psychiatric symptoms include (Karas):

- Late age (over 40) of onset of a new behavioral symptom
- No past history of psychiatric illness
- Sudden onset of altered behavior
- Visual hallucinations without past history of same
- Known systemic disease with new-onset behavior change
- New medication
- Altered behavior temporally related to a seizure
- Disorientation
- Clouded consciousness
- Delirium (fluctuating consciousness/cognition)
    - Drug induced (including illicit, iatrogenic, alcoholic, delirium tremens)
    - Metabolic derangements
    - Structural abnormalities (i.e. CVA)
    - Infection (i.e. Sepsis, meningitis)
    - Other

Special Considerations for Geriatric Patients and Patients without Previous Psychiatric History

Elderly patients with acute behavioral changes are at particularly high risk for adverse outcomes (Karas). Special attention should be paid to their medications as up to 20% of elderly patient with behavioral emergencies may be suffering from an adverse drug reaction drug reaction (Karas, Puryear).

Geriatric patients and patients with no previous psychiatric history or patients presenting with new psychiatric symptoms should be assumed to have a medical cause for their psychiatric symptoms until proven otherwise. Patient with findings suggestive of an underlying medical basis for psychiatric symptoms may require the following:

- Chemistry Profile
- TSH
- Calcium
- CPK
- Alcohol and drug screens
- INR, if on warfarin/coumadin
- Head CT (indications include headache, focal neurologic exam, and patients at risk for subdural hematoma)
- Lumbar Puncture (indications include acute mental status change in febrile patient, meningeal signs, and immunocompromised status)
- Urinalysis
- Screening for medication toxicity/ blood drug levels as indicated
- Internal medicine consultation
- If febrile: blood and urine cultures and consider sputum C&S as indicated

Re-evaluation of Individuals with High BAC

A patient in an Emergency Department who has a BAC >300 should be re-evaluated for the need for inpatient admission once the BAC decreases to below 300. Breathalyzer results are considered adequate for subsequent testing after a BAC is determined.

Special Considerations for Transportation

Once accepted for transfer from an Emergency Department to a NC State Psychiatric Facility or ADATC for evaluation, most patients are transported by non-medical personnel. Some patients are transported distances greater than 2 and ½ hours away. Some patients are sent from an Emergency Department to a separate facility without medical personnel where they are held for up to 24 hours while awaiting transport. Identified medical conditions which cannot go untreated or unsupervised during the transportation process are unsuitable for transport in this manner. It is suggested that any long term medications the patient has presented to the ED, accompany him/her during the transportation for ready access upon arrival/admission at the state facility.

Emergency Department findings, both positive and negative, should be included in the information accompanying the patient to the NC State Psychiatric Facility or ADATC. The

information accompanying the patient should also identify the patient's short-term medical needs.

Additional Diagnostic Testing

In addition to screening for medical clearance prior to referral to a NC State Psychiatric Hospital or ADATC, diagnostic testing may be requested to facilitate the patient's immediate care at the receiving facility, including:

- Toxicology screening
- Blood/Urine/Sputum culture
- Quantitative medication levels
- Pregnancy testing for females of child bearing capability

Once the patient has been medically cleared and accepted for evaluation by the NC State Psychiatric Facility or ADATC, awaiting the results of the diagnostic tests should not delay the transfer.

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